

DE-201
Part 1

FOR OFFICIAL USE ONLY

0476-01
GRIEVANCE NUMBER

DRAFT - DO NOT WRITE ON THIS

CAMP 101 - 101000

TO: FACILITY GRIEVANCE COORDINATOR

FACILITY

DATE:

FROM: (DATE NAME & NUMBER)

SIGNATURE DATE:

WORK ASSIGNMENT

WORK ASSIGNMENT

U1A

PDU-A-107

1. This form is to be used for grievances on the inmate grievance system.
 2. It is to be filled out in a clear and understandable manner.
 3. It is to be filled out in a clear and understandable manner. Be sure to include the
 4. Clear statement of your grievance. Additional paper may be used. maximum

On this date I was to be released from RHE after serving 45 days for a misconduct for displaying an order. With malice, and malicious intent, deliberate indifference, wanton infliction of harm and emotional distress, interference with access to law library. Staff knowingly and intentionally subjected me to cruel punishment without reason or cause. My sentence had expired. Since I was not given any reason for this continued confinement I feel this punishment is intentional. I was subjected to this punishment on 6/7/01.

Your Grievance

K. K. Daxen

Signature of Facility Grievance Coordinator

6/7/01
Date

TO: FACILITY GRIEVANCE COORDINATOR <i>K. Smith</i>	FACILITY: <i>CCF</i>	DATE: <i>6-2-11</i>
FROM: (INMATE NAME & NUMBER) <i>John Smith # 12345</i>	SIGNATURE of INMATE: <i>John Smith</i>	
WORK ASSIGNMENT: <i>1234</i>	HOUSING ASSIGNMENT: <i>1234</i>	

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

two pages.

the date is sure to be received from K.H.U. after receiving 45 days for a misconduct for dis-
b. saying in order with order, and no more
only of deliberate indifference, wanton infliction
of harm and creates in distress, interference
with access to law, etc. If knowingly
by and intentionally subjected me to physical
punishment without proper measure
failure to release me from the institution
assistance had been given. I was not given
any record for the past several years
of the law enforcement in the institution
being completed. It is to be known that

After 10:00 A.M. in the A.M. I did not
get claimed to called D-1 for a bed and they
said that was none, that this confinement
confinement and abuse and punishment
was due to Counselor Miller's intervention


Signature of Facility Grievance Coordinator

17/08
Date

DC-804

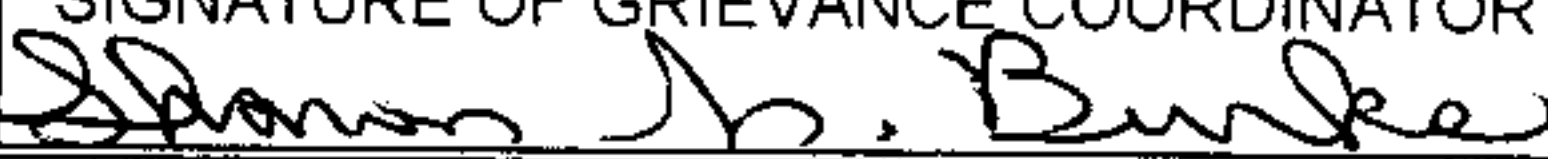
Part II

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011**

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

SMI 063-00

TO: (Name and DC#) CT-2162 Kim Smith	INSTITUTION SCI-S	QUARTERS F BLOCK	GRIEVANCE DATE: 02/09/00
<p>The following is a summary of findings regarding your grievance:</p> <p>Your grievance pertains to the approval of an outside purchase request for art supplies. You claim the rationale for denial of said items was "unjust".</p> <p>According to the SCI-Smithfield Policy pertaining to outside purchases of art supplies, any inmate that wishes to purchase art materials from an outside vendor must have a positive housing unit, work and adjustment report for the 90 days prior to purchasing any art supplies. Once Mr. Rudy receives an outside purchase request, he calls the work supervisor, block officers and counselor in order to determine the status of the requested inmate. Mr. Rudy followed these procedures. On 1/26/00 Mr. Rudy called your housing unit. The block officer checked your block card and relayed that you had negative block reports. Mr. Rudy also talked to Mr. Crider, your unit counselor. He also indicated non-positive behavior on your Annual Review and that you have not had active participation in programming over the past year.</p> <p>Although the kitchen employed you, you were temporarily re-assigned to the activities detail during this time frame, thus the N/A comment on your disapproval sheet. The denial was based upon your block report, not your employment report. If your block report had been favorable, Mr. Rudy would have contacted the kitchen for an assessment.</p> <p>It should also be noted that you appealed this decision to Unit Manager Hanna and she concurred with Mr. Rudy's assessment of the situation.</p> <p>In conclusion, outside purchasing of art material is a privilege not a requirement. This privilege is based upon your positive adjustment within the facility. In the future you must consider the consequences of your behavior prior to acting out.</p> <p>No further action will be taken by this department in regards to this matter.</p> <p>ATTACHED: Supporting Documentation</p> <p>CC: Superintendent Morgan Major Norris Captain Glenny Sam Rudy F. R. Royer DC-15 File</p>			
Refer to DC-ADM 804, Section VIII, for instructions on grievance system appeal procedures		SIGNATURE OF GRIEVANCE COORDINATOR 	DATE 2/17/00

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

5m1-063-00

RCV-10-00

TO: GRIEVANCE COORDINATOR <i>Mr. Banks</i>	INSTITUTION <i>SCIS</i>	DATE <i>2-9-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>Kitchen</i>	QUARTERS ASSIGNMENT <i>F-B-29</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On aulant 1-26-00 I filed outside appeal for art supplies and was denied such, based on negative housing reports and Councellor reports. After sending request slip to Mr. Shannon I did not have active participation in a art program over a year and negative block reports in which C.O. Wapong signed a document and advised me that there was a sentence on block card. And I only know of 2 block Judge's decisions to deny art supplies over a report and I present case of information utilized. Since work reports from kitchen should have been read, not Rec #3. If I had such a negative report why did I not drop and why was not the Dec. 1999 evaluation for next shift used. Or kitchen record where I worked.

B. Actions taken and staff you have contacted before submitting this grievance:

Corder, Shannon, Benario

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Banks
Signature of Grievance Coordinator

2/14/00
Date

COMMONWEALTH OF PENNSYLVANIA
State Correctional Institution at Smithfield
Office of the Superintendent's Assistant
September 28, 1999



SUBJECT: REQUEST FOR CABLE CANCELLATION

TO: Kim Smith CT2162

FROM: 
Sharon M. Burks
Grievance Coordinator

In your 9/23/99 grievance, you claimed that you filed a grievance on **9/13/99** in which you complained that Inmate Accounts staff failed to cancel your cable subscription upon your **6/17/99** request. That grievance was returned to you due to incorrect processing on your part. However, it should have been returned because the allowable time period for filing a grievance on this issue has long since expired. You further claim that since you were out of the institution on writ/ATA from 6/18/99 to 8/13/99, you were charged in error for July 1999 cable service.

Our records show that your 6/15/99 request was returned to you unprocessed because you failed to have a staff member countersign your request.

There is posted on all inmate bulletin boards, a July 13, 1998, memo issued by Mr. E. B. Mason, Business Manager, entitled Requests to Cancel Cable Service which states "that the inmate accounting office will no longer accept inmate request slips to cancel cable television service **unless they are countersigned by a staff member.** Any request not containing a staff member's signature for verification will be returned to the inmate without action." This memo is also attached to all cable contracts. (copy attached)

This issue was appropriately handled according to established procedure.

Attachment

cc: E. B. Mason
S. Shope

Ms. Jadlocki
File

- EXA**
16. Huntingdon TV Cable Co. is not responsible for any damage or injury caused by the use or operation of the cable television service or equipment.
 17. Huntingdon TV Cable Co. is the owner of the cable television service equipment. I understand that this contract does not sell or rent to me any equipment owned by Huntingdon TV Cable Co. I am purchasing cable television only.
 18. Huntingdon TV Cable Co. shall have the right to terminate this contract upon ten (10) days notice at any time. In the event that the date of termination is other than at the beginning of a monthly period, then rental shall be prorated for the portion of the month for which the service was provided.

I have read all the above statements or they have been read to me. I agree to abide by every statement made in this contract and understand that I am legally bound by this contract.

Dated: 7-16-99

[Signature]
Inmate signature

[Signature: Reed Cott]
Employee witness

Vaid period for cable was on 5th of the month when box it was on the 26th, I sent notice to you for cancellation on 6-18-99 in compliance with 18 of cable contract, why was fee taken for July when you were given a 30 days notice and all II Procedure. Check me if among the taking of this fee is an abuse of procedure and if inmates can be charged with a theft under 18 to C.S. 3926 so can you. Requested refund for July

[Signature] 8/23/99
I answered your request & forwarded it to you. You didn't have it signed by Staff as required & you wanted it cancelled if you weren't back. Either you earned it or you don't. It is not up to me to keep track of your money.

DC-135A

A3

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER AUG 17 1999

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Edward Mason Inmate Accounts

2. DATE

8-14-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

James Smith CT3162

4. COUNSELOR'S NAME

J. J. Smith

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

1-A-03

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

On 6-18-99 I requested cable to be cut off and 10 days lease pay period for cable was to be. Why was I charged 9.99 for cable, in July 99

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

As per previous request slips & phone calls, your cable was cancelled Aug 1.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

S. J. Smith

DATE

8/19/99

EXD

INMATE SUBSCRIBER CONTRACT FOR DC#

NAME

1. I understand that this "Inmate Subscriber Contract" is a contract between myself and the Huntingdon TV Cable Co.
2. I understand that this "Inmate Subscriber Contract" is NOT a contract between myself and the Department of Corrections.
3. I understand that when I sign this "Inmate Subscriber Contract", I am agreeing to do everything this contract states I will do.
4. Huntingdon TV Cable Co. will sell Basic Cable Television service to me for a monthly fee.
5. Huntingdon TV Cable Co. Will sell Premium Cable Television service for an additional monthly fee.
6. Huntingdon TV Cable Co. is not required to give me cable television service unless I have paid for the service in advance.
7. I will pay \$9.90 per month to have my television or radio connected to one live single outlet for Basic Cable Television service. I understand that Huntingdon TV Cable Co. may change this monthly fee at any time, but will give thirty (30) days notice of the change.

(CHECK THE FOLLOWING BOX ONLY IF YOU ARE BUYING PREMIUM CABLE TELEVISION WITH THE BASIC TELEVISION SERVICE)

Check only if ordering premium service

- ☐ I will pay the additional fee for Premium Cable Television service. The additional fee for Premium Cable Television service is \$11.61 (including tax) per month but does not include the fee for Basic Cable Television service. I understand that Huntingdon TV Cable Co. may change this monthly fee at any time, but will give thirty (30) days notice of the change.
8. I will authorize the Department of Corrections to automatically deduct the cable television service fee from my account every month in advance of the month for which I am purchasing cable television service, and to send the fee to Huntingdon TV Cable Co.
 9. Huntingdon TV Cable Co. may cancel television service at the end of the paid month if I notify the Department of Corrections to stop deducting the monthly fee for cable television services.

10. Huntingdon TV Cable Co. may cancel my cable television service at the end of the paid month if there is not enough money in my cash account to pay the next month's fee when it is due.
11. I unconditionally accept total responsibility for the condition of the cable television equipment located in my cell or connected to my television or radio. Huntingdon TV Cable Co. may terminate cable television services immediately if the cable television equipment located in my cell or connected to my television or radio is damaged or tampered. I will pay the cost of repairing or replacing damaged cable television equipment located in my cell or connected to my television or radio. I will authorize the Department of Corrections to deduct this cost from my inmate cash account for payment to Huntingdon TV Cable Co.
12. I will connect only one television or one radio to each outlet that I pay for. I understand that all other connections to receive cable television service are unauthorized, including connection of another radio or television to my television or radio. I will pay the cost of one (1) additional month's fee if any television or radio receives cable television service from an unauthorized connection to the outlet I pay for under this contract. I understand that permitting another person to connect his television or radio to the cable service I receive is a crime 18 PA. C.S. 3926 (Theft of services), and that paying for the stolen service does not excuse me from criminal prosecution. Huntingdon TV Cable Co. may terminate cable television service immediately in the event of unauthorized connection. I will authorize the Department of Corrections to deduct the additional fee for receipt of unauthorized cable television services for payment to Huntingdon TV Cable Co.
13. I understand that I will not receive a refund of the monthly service fee for any reason except when Huntingdon TV Cable Co. cannot send television signals to the outlet for more than 72 consecutive hours in the same month. If cable service cannot be sent to the outlet for more than 72 consecutive hours in the same month, Huntingdon TV Cable Co. will refund three percent (3%) of the monthly service fee for each 24 hours of interrupted service.
14. I understand that conduct by any governmental agency, court or person (other than Huntingdon TV Cable Co.) which interferes with the cable television service is not the fault of Huntingdon TV Cable Co. I will not bring any suit or action in any court against Huntingdon TV Cable Co. if a governmental agency, court or person (other than Huntingdon TV Cable Co.) prevents me from receiving this cable television service.
15. Huntingdon TV Cable Co. is not responsible for the operation, maintenance or repair of my television set or radio.

16. Huntingdon TV Cable Co. is not responsible for any damage or injury caused by the use or operation of the cable television service or equipment.
17. Huntingdon TV Cable Co. is the owner of the cable television service equipment. I understand that this contract does not sell or rent to me any equipment owned by Huntingdon TV Cable Co. I am purchasing cable television only.
18. Huntingdon TV Cable Co. shall have the right to terminate this contract upon ten (10) days notice at any time. In the event that the date of termination is other than at the beginning of a monthly period, then rental shall be prorated for the portion of the month for which the service was provided.

I have read all the above statements or they have been read to me. I agree to abide by every statement made in this contract and understand that I am legally bound by this contract.

Dated: _____

Inmate signature

Employee witness

CASH ACCOUNT DEDUCTION AUTHORIZATION

DC # _____

Name _____

1. I have received the Notice of SCI-Smithfield Cable Television Policy.
2. I authorize the Department of Corrections to deduct from my account the monthly service fee charged by Huntingdon TV Cable Co. for Basic Cable Television Service and to send that payment to Huntingdon TV Cable Co.

[CHECK THE FOLLOWING BOX ONLY IF YOU ARE BUYING PREMIUM CABLE TELEVISION SERVICE WITH THE BASIC CABLE TELEVISION SERVICE]

Check only if ordering premium service.

- ☐ I authorize the Department of Corrections to deduct from my account the additional monthly service fee charged by Huntingdon TV Cable Co. for Premium Cable Television Service and to send that payment to Huntingdon TV Cable Co.

This authorization shall remain in effect until the business office receives my written request slip giving notice that I am canceling only the premium or the entire cable television service.

3. I authorize the Department of Corrections to deduct repair or replacement costs assessed against me by Huntingdon TV Cable Co. for reason of damaged or tampered cable television equipment. This authorization is irrevocable.
4. I authorize the Department of Corrections to deduct the additional monthly service charge assessed against me by Huntingdon TV Cable Co. for reason of unauthorized connection. This authorization is irrevocable.

I have read the foregoing statements or they have been read to me. I understand that this authorization is legally binding.

Dated: _____

Inmate signature

Employee witness

NOTICE OF SCI-SMITHFIELD CABLE TELEVISION POLICY

I. Policy

The Department of Corrections may permit inmates at the State Correctional Institution at Smithfield to purchase cable television services from the Huntingdon TV Cable Co.

II. Procedure

Any inmate wishing to receive cable television service must sign the "Inmate Subscriber Contract" and "Cash Account Deduction Authorization" forms. Service will begin on the first day of the next month only if both forms are received by the institution business office TEN days before the first day of the next month. Forms submitted late will be processed for the second following month. Huntingdon TV Cable Co. is not required to provide you cable television service if it chooses not to do business with you.

The cable television service fee will be automatically deducted from your account every month unless you notify (by a written request slip) the business office TEN days before the next month that you are canceling the service. If you do not have enough money in your account to pay in advance for cable television service, the service will be cancelled. The institution is not responsible for cancellation of television caused by late posting of money to your account.

When filling out the cable contracts, make sure both pages are signed and witnessed by a Corrections Officer. The top two pages with SCI-Smithfield Policy are to be kept by the inmate, the remaining four pages are to be forwarded to Inmate Accounts.

You only have to fill out one contract. The only time you need to fill out a new contract is when you are changing from basic to premium, or premium back to basic. Do not fill out more than one contract for the same transaction, if you submit a contract it will be processed.

Inmates who lose their cable service for any reason, except those outside their control will be required to serve a ninety (90) day waiting period starting the day their service is cancelled before service can be restored, (not having enough money in your account, being locked up in the RHU, etc., are not reasons outside your control). Inmates that cancel Premium Cable Service will be required to serve a ninety (90) day waiting period before being able to again obtain the Premium Cable Service. After the ninety (90) day waiting period the inmate may again request cable television service in accordance with the provisions and time constraints of regular sign-up procedures. Any contracts received during the 90 day waiting period will be held until inmate is eligible for cable service.

PROCEDURES FOR ACQUIRING/CANCELLING CABLE TELEVISION SERVICES

Page 2

Inmates who do not have all the same equipment that was issued to them, to turn in when their service is cancelled, will be required to reimburse the cable company for the cost of replacements.

III. Rights Under this Policy

This policy establishes procedures for obtaining cable television service. This policy creates no rights in any person. Receiving cable television service is a limited privilege which may be restricted or withdrawn at the discretion of the Institution. Your rights under the contract with Huntingdon TV Cable Co. do not limit the authority of the Department of Corrections. You may lose access to cable television service as a result of sanctions imposed under Administrative Directive 801; placement in administrative custody under Administrative Directive 802; transfer to another state correctional institution; admission to the institution infirmary; authorized temporary absence from the institution; or other reasons. If you lose access to cable television service because of any action taken by the Department of Corrections, you are not entitled to any refund or compensation from the Department of Corrections.

SS/el

Attachments

cc: File

Dear Sir:

EX A

Call

On 6-12-99 I sent Mr. [unclear] a request asking that my cable be cut off since I would be going A.T.A. This request was received by your office 6-12-99. On 6-14-99 I block [unclear] & [unclear] refused to let [unclear] [unclear] [unclear] and it was later turned into Intake Office. On 6-26-99, Post Marked envelope I received Mr. [unclear] reply to my request dated 6-12-99 sent to me at Westoverland Co. Prison, Birmingham Pa 15601.

Regarding a request for staff consultation as reclassification if I must it cancelled in [unclear]. I was present at [unclear] with that I would not be in the institution. I did not know when I would return.

Cable was paid for until July 1, 1999, I advised I stated that to be cut off state. I gave a 30 day notice, which I gave as a [unclear] time for consultation. And the fact that on 6-26-99 Mr. [unclear] contacted me here, at [unclear] house and not to be in the institution.

When did your office start taking cable money on the 21st of each month.

My connection here [unclear] was [unclear] [unclear] [unclear] before Aug 1st I don't want cable. I am doing so. I have you a [unclear] not want to be in Aug. 1999, and I will apply for [unclear] [unclear] [unclear] when ever that will be.

It is still not clear why I was charged for July 1999 cable, when I requested that to be my cut off date and my cable was paid until that date. Why send I get [unclear] and pay for a service when I requested it to be cut off, and I am not in your institution I have not into the matter.

JUL 1 2

~~Cancelled~~
Your name
will be
Cancelled

8/1/99 O. J. [unclear] 1562-99
7-13-99

Staff
called &
told to
[unclear]

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 600
CAMP HILL, PA. 17001

OFFICIAL INMATE GRIEVANCE

TO: <i>Warden, CT 2160</i>	INSTITUTION: <i>SCI</i>	DATE: <i>12-22-00</i>
FROM: <i>Warden, CT 2160</i>	INMATE'S SIGNATURE: <i>Kim</i>	
WORK ASSIGNMENT: <i>NM</i>	QUARTERS ASSIGNMENT: <i>A-4-13</i>	

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. This form is required to be completed by the inmate and the staff member who is responsible for resolving this matter. Be sure to include the names of staff members you have contacted.

A. Brief, clear statement of grievance

On 12-19-00 I gave to C.O.I. Kim legal papers to be mailed to federal court with a request for a \$5.00 check as well as a CASE for 22 cent additional postage. On 12-22-00 this legal mail was returned to me with no markings from mail room nor inmate accounts also in disarray and CASE was lost. Why is my legal mail being stopped. When ever is set up in this matter, know or should have known to handle legal mail from housing institution would deny me access to the courts.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

**OFFICIAL INMATE GRIEVANCE
 INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

3895

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Kim Smith, CT-2162	SCI COA	D-2-19	9/14/01
<p>The following is a summary of my findings regarding your grievance:</p> <p>I have contacted appropriate staff in reference to your grievance. Inmates are not permitted to run their account in the red for copies, except as stated in DC-ADM 804, VI D, 1.g., an indigent inmate is only permitted to make copies when appealing to the Secretary's Office of Inmate Grievances. No one is deliberately denying you access to the courts. You are responsible to handle your inmate account to be able to afford expenses incurred with litigation.</p> <p>The business office deducts 20% of all incoming monies from your account for legal fees. In reviewing your account it appears that most of your money is spent on court costs, copies and postage.</p> <p>cc: Mr. Voeckler DC-15</p>			
Print Name and Title of Grievance Officer	Signature of Grievance Officer	DATE	
Kandis K. Dascani	<i>Kandis K. Dascani</i>	9/25/01	
Corrections Superintendent's Assistant			

LC-804
PART 1


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

SEP 17 PM 12:50

GRIEVANCE NO.

3895

TO: GRIEVANCE COORDINATOR K. DASCANI	INSTITUTION SCIC	DATE 9-14-01
FROM: (Commitment Name & Number) KIM SMITH	INMATE'S SIGNATURE 	
WORK ASSIGNMENT F/s/	QUARTERS ASSIGNMENT D-2-19	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

When requesting legal copies to reply to a federal court petition that is and was
pending in federal court the business office denied me the right to get legal copies
on my account when I had not funds for such. This act has and is depriving me
access to the court and denies me my ability to comply with court order, and pre-
sent my case to the court. I have a federal habeas petition pending and I must
copy court records and file a reply to this answer that I got some 90 days ago
and without copies I can not reply, why am I being denied this right to re-
ply to and answer a pending petition in court. Would this act not deprive me
access to the court to deny me legal copies or copies to grievances to comply
with D.O.C. policy for appeal to final review. Foir the acts of the business
office and dening me legal copies I feel I'm being denied access to the courtds
and such is being deliberately done to deprive me my day in court. injury has been

B. Actions taken and staff you have contacted before submitting this grievance:

sustained and damages will be sought

S.C.I.C. BUSINESS OFFICE, MR MOSER, MR SMITH

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

9/19/01
Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
814-643-6520
January 12, 1999

SUBJECT: APPEAL TO GRIEVANCE #504-98

TO: Kim Smith, CT 2162
I-B-42

FROM: James M. Morgan, Superintendent

B-42

EF A-6

This is in response to your appeal of the above subject grievance wherein you contend that you were inappropriately charged a \$2 co-payment for a visit in November 1998.

Medical staff advise me that the condition for which you sought treatment does not meet the condition of a chronic case; therefore, the \$2 charge was imposed.

I agree with their interpretation, and your grievance is denied.

JMM/lgh

cc: Ms. Burks
Major
Captain Glenn
DC-15
File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

February 2, 1999

ES-A-7

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0504-98

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance, including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

- Sincerely,

Robert S. Bitner

Robert S. Bitner
Chief Hearing Examiner

RSB:ph
pc: Superintendent Morgan

11-13-84

CONCLUSIONS

THE NEW YORK PUBLIC LIBRARY

100-443887-100

TO: DIRECTOR OF CORRECTIONS <i>Shirley</i>	INMATE'S NAME <i>SCOTT</i>	DATE <i>2-27-99</i>
FROM: (Correctional Worker's Name & Number) <i>Joe Smith CT2163</i>	INMATE'S SIGNATURE <i>Joe Smith CT2163</i>	
WORK ASSIGNMENT <i>Letter</i>	QUARTERS ASSIGNMENT <i>I-10-42</i>	

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1. Refer to the Inmate Handbook Page 2 and to Page 904 for information on the Inmate Grievance System.
2. State your grievance in Block A in a clear and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the names of staff members you have contacted.

A. Brief description of the

[illegible]

[Signature]
 Director of Bureau of Commerce

3/2/14
Date

804

ART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Sm-326-98

TO: GRIEVANCE COORDINATOR <i>Mr. Burke</i>	INSTITUTION <i>SCIS</i>	DATE <i>7-29-98</i>
FROM: (Commitment Name & Number) <i>James Smith (T2162)</i>	INMATE'S SIGNATURE <i>James Smith</i>	
WORK ASSIGNMENT <i>Kitchen</i>	QUARTERS ASSIGNMENT <i>I-A-39</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

After getting a spasm, I was told by the doctor that I needed a C, pap or oxygen mask during sleep to help breathe during sleep. Since I was told, and I stop breathing during sleep several times for a number of seconds. This prolonged period of not breathing has a damage effect on heart, lungs and brain, as with deliberate indifference to my health care need, and the life threatening aspect, I was told that the Department of Corrections refused to treat this problem, after taking me through a number of tests to find the problem, only to refuse treatment which is causing mental anguish, fear and ^{and irreparable} physical and mental damage.

B. Actions taken and staff you have contacted before submitting this grievance:

Dr. Long, Pat Yager, Health Care at Camp Hill Central Office. Bureau of Health Care. Dr. Long advised me to take these steps to obtain treatment.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Burke

Signature of Grievance Coordinator

7/31/98

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
814-643-6520
October 29, 1998

EX A - 6

SUBJECT: GRIEVANCE SMI-418-98

TO: Kim Smith, CT2162
I Block

FROM:  James M. Morgan
Superintendent

Additional time is needed to investigate your appeal of the above subject grievance. You will receive an answer to your appeal in the very near future.

Please be patient.

JMM/lgh

cc: Ms. Burks
File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. Sm-419-48

TO: GRIEVANCE COORDINATOR <u>Banks</u>	INSTITUTION <u>SC # 5</u>	DATE <u>10-9-98</u>
FROM: (Commitment Name & Number) <u>Leon Smith CT 2112</u>	INMATE'S SIGNATURE <u>Leon Smith</u>	
WORK ASSIGNMENT <u>Vitator</u>	QUARTERS ASSIGNMENT <u>I-B-42</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In Sept I saw Dr. Long regarding treatment for my asthma. He said that I was told during an hour of sleep I was being hit 16 times at intervals 16-25 seconds each. After receiving this treatment I was and still feel very sore and feel that I am in a constant state of pain. I have since with doctors indifference to my health care and I am still in pain. And they say I am throwing things away to make treatment because I am angry. I am still in pain and I have not been able to sleep. I am still in pain.

B. Actions taken and staff you have contacted before submitting this grievance:

Warden Med. Dept. Camp Hill, PA. 17001-0598
Sgt. Major W. H. Smith
and other staff

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon B. Banks

Signature of Grievance Coordinator

10/13/98

Date

DECEMBER

PART 1

100-443887-100

100-443887-100

SMI-418-98

(continued)

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DATE

Abstract The purpose of this study was to determine the effect of a 12-week training program on the heart rate (HR) and blood pressure (BP) of sedentary, middle-aged men. The subjects were divided into two groups: a control group and an exercise group. The control group consisted of 10 men who did not exercise, and the exercise group consisted of 10 men who exercised for 12 weeks. The HR and BP were measured at baseline and at the end of the 12-week period. The results showed that the exercise group had a significant decrease in HR and BP compared to the control group. The HR decreased from 72 to 68 beats per minute, and the BP decreased from 120/80 to 110/70 mmHg. The control group showed no significant change in HR and BP. The results suggest that a 12-week training program can effectively reduce HR and BP in sedentary, middle-aged men.

Abstract

52-8440

For more information, contact: 1-800-451-4041 or information on the inmate grievance system.

2. What steps have you taken to resolve this matter? Be sure to include any steps that you have completed.

I have a subject which I have not and one
 which I have not and which I have changed. But
 the question of the subject is not the same. I have treated
 the same but given it both a different
 and a new change. I have given it a new
 subject. I should not be charged for
 that. I have. There is a direct answer of course
 of course. It is a question of the conduct
 of the subject. I have not and I have not.

[illegible]

Wm. B. Bond

10/13/98

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

December 15, 1998

EL A-7

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0404-98

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:ph
pc: Superintendent Morgan

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
November 18, 1998

ELA-7

SUBJECT: Attempted Appeal of Inmate Grievance #SMI-404-98

TO: Kim Smith, CT-2162
I-Block

FROM: James M. Morgan
Superintendent

James M. Morgan / ACB

The following is in response to your attempted appeal dated October 28, 1998, received on November 3rd, of the grievance officer's response to you with reference to the above noted inmate grievance. After review of your original grievance and your attempted appeal, and the response provided by Mrs. Weaver, please be advised that your "appeal" is denied and rejected as noted below.

As per DC-ADM 804, VI. Procedures, C. Appeal from Initial Review, 2., you have five days from the date of receipt of the Initial Review decision to appeal. With an October 19, 1998 distribution of the Initial Review response, your appeal dated October 28th is beyond the time limit, and with receipt on November 3rd, it is certainly untimely and calls into question the accuracy of the date of your "appeal." Appeals are to be brief (VI. C. 3. and A. 4.) and four pages is hardly brief. Only inmates who are personally affected by an institution action (VI. A. 3.) are permitted to seek review of a grievance or appeal, and with a 2002 minimum you have not been denied parole due to a lack of programming which you are apparently attempting to erroneously project into the future.

JMM:ACB:sdw

cc: Deputies (2)
Mrs. Burks
DC-15
File

Appeal of Inmate Grievance

#SMI-404-98

Cat: Programs

Kim Smith CT2K2 I-B-42

Sup. J. M. Morgan:

Sir: Per your Oct. 28, 1998 notice DL-15 file I was under the impression that you denied grievance #SMI-404-98 as being untimely. Nonetheless an appeal was sent to your office, if you got it or not I do not know.

Then an appeal was sent to Central Office, addressed to CORC and what right do you have to intercept this appeal or hinder my access to administrative remedies. The Nov. 3, 1998 ~~notice~~ appeal was not addressed to you. It was sent to CORC thru inter office and you had no right. I guess you consider yourself an educated person, and you know the interception of an appeal directed to Central Office goes against

all ethics, policy set down by the D.O.C. You in your official capacity have no jurisdiction to deny or reject an appeal when it was not directed to your office. When have you become director of the CORC.

At this time I'm not ~~concerned~~ concerned with either Ms. Clemens or Busta's reply but your action is the question here and your abuse of power, in the interpretation and ruling of an appeal directed to the CORC when it was addressed to such not your office.

Since knowing that you read and denied an appeal to CORC calls into your question your professionalism. Since there is no D.O.C. policy that supports the standing I must question the procedural value of programming. I should not have to wait until institutional staff places me, nor should my maximum be an effective date for placement when I am in these programs and do not have a maximum.

As I would advise you to forward the Nov. 3, 1998 correspondence on to CORC

and explain the delay. The appeal was placed in Mail Nov 1, 1998 and filed to CORC in a timely manner. Your signed reply of Oct. 28, 1998 I received as your denial of appeal of grievance # SM 404-98 so what right to you have to hinder my appeal to CORC when you had already ruled on this issue.

Please inform me of any action you may take.

Sir this is also a request for extension of appeal right in light of these acts.

Respectfully

Leon Smith

12/14/98

Mr. Smith -

I bundled the correspondence in question for the Superintendent in his absence. I understood it to be an "appeal" to the Superintendent.

also, stuff here are not go between
① for your mail to Central Office I
you want mail sent to them!
secure do so in your arm!
With Love

cc: Sup
myer

107 CABLE TELEVISION SERVICE CHANGE FORM

NAME:

Kim Smith

DOC NUMBER:

CT2162

HOUSING LOCATION:

RHU-A-107-1

(CELL and BUNK)

D-A-05-02 top

NATURE OF REQUEST:



I wish to cancel my basic cable service.



I wish to cancel my premium cable service. (HBO)



I wish to cancel both cable services. (Basic and HBO)

I have changed cells/bunk from _____ to _____
(Make sure to include your bunk assignment
[T for top, B for bottom]).I wish to add the premium cable service. (HBO)
(\$7.00 connection fee to add the premium service.)

I wish to add converter box. (\$2.00 per month.)



I wish to cancel my converter box.

Kim Smith

Inmate's Signature

SCI COAL TOWNSHIP

Date

5-5-01Col Shepperson

Block Officer Signature

MAY 6 2001

RHU

5-7-01

Date

[All forms are to be forwarded to Service Electric Cablevision,
Inc. via the inmate request slip box.]

(chaform)

CLOSED

DGK

6/01

RTW

TELEVISION SERVICE CHANGE FORM

NAME:

Kim Smith

DOC NUMBER:

CT2162

HOUSING LOCATION:

D-A-02-Top

(CELL and BUNK)

02 Top

NATURE OF REQUEST:

Complied with all standards and still being denied to have cable cut off and they keep taking my money



I wish to cancel my basic cable service.

Since 4-18-01 was sent



I wish to cancel my premium cable service. (HBO)



I wish to cancel both cable services. (Basic and HBO)



I have changed cells/bunk from _____ to _____.
(Make sure to include your bunk assignment [T for top, B for bottom]).



I wish to add the premium cable service. (HBO)
(\$7.00 connection fee to add the premium service.)



I wish to add converter box. (\$2.00 per month.)



I wish to cancel my converter box.

Kim Smith
Inmate's Signature

Date

5-12-01
4-28-01

CC Lhy
Block Officer Signature

Date

5-12-07

[All forms are to be forwarded to Service Electric Cablevision, Inc. via the inmate request slip box.]

(chaform)

Block Stamp Required
5/14/01

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr Kerstetter</i>		2. Date: <i>5-19-01</i>	
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2163</i> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>Lynn</i>	
6. Work Assignment <i>U/A</i>		5. Unit Manager's Name <i>Mr. Smith</i>	
7. Housing Assignment <i>PHU-A-107</i>			
8. Subject: State your request completely but briefly. Give details. <i>Phia makes the 3rd form and the 7th request to have my cable cut off since 4-26-01</i> <i>Could you please advise me if and when it will be cut off since I've not heard from you.</i>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____ Date _____
Print Sign

DC-135A

BID

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

AUG 23 1999

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Edward Nixon

2. DATE

8-19-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Penn State GT 2168

4. COUNSELOR'S NAME

Ogerich

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

I-1-03

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

1 Mail to be sent out on June 16, 1999 was refused by you, held for about 6 weeks returned to me 8-16-99 17 99 never was sent out. Advised you refused to send out legal mail and it was returned to me

2 On 6-19-99 request cable connection within 10 days as cable contract states. He should not need verification by staff to have cable cut off. And the 9.90 taken off my account was done in violation of cable contract. Do you really want to go thru this about 9.90. request refund for July.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

answered

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Business Office

DATE

8/26/99

PAGE 1
IEXB
INMATE ACCOUNTS SYSTEM
MONTHLY ACCOUNT STATEMENTATA
08-02-1999
1027SINMATE NAME
NUMBER LAST
CT2162 SMITHFIRST MI
KIMOLD BALANCE
.78

BATCH #	DATE MO DY YEAR	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	BALANCE AFTER TRANSACTION
9907	07-08-1999	34 RADIO/TV BASIC CABLE	-9.90	-9.12
7550	07-09-1999	10 MAINTENANCE PAYROLL PAY PERIOD ENDING 7/3/99	21.60	12.48

NEW BALANCE AS OF THIS STATEMENT -----> 12.48

EXB

C-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

NO.

GRIEVANCE

0342-01

TO: Kim Smith, CT-2162

FACILITY
SCI-Coal TownshipHOUSING
LOCATION
H-106GRIEVANCE
DATE
4-25-01

The following is a summary of my findings regarding your grievance:

Mr. Smith,

After careful review of your medical chart and after speaking with Dr. McGlaughlin and the nurses you have named here this morning, (4-30-01), please allow me to share the following:

On 4-17-01, Dr. Adamson spoke with you at length regarding your diabetes and you were satisfied with this discussion.

Today, 4-30-01, Dr. McGlaughlin saw you in RHU. He has started you on another medication. You will have fasting Accu check in one week.

Mr. Smith, I can only tell you that the Medical Department Staff here at SCI-Coal Township, have no intention of mistreating anyone. You are being treated appropriately and we will continue to take care of your medical needs.

WJS/mp

CC: Kandis Dascanl, Superintendent's Assistant
Inmate Records, DC-15
Unit Manager
File

Print Name and Title of Grievance Officer

Wilma J. Sewell

Health Care Administrator

SIGNATURE OF GRIEVANCE OFFICER

DATE



4.30.01

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

March 31, 2003

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. 45975

Dear Mr. Smith:

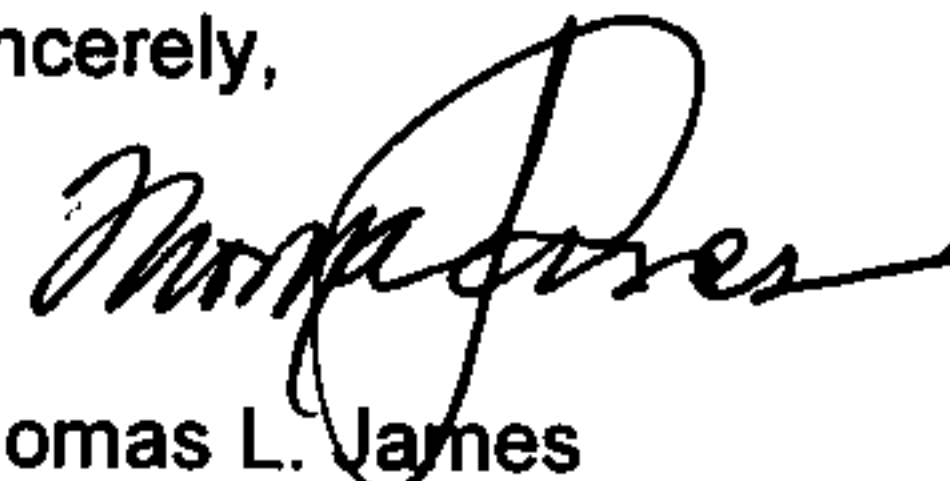
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective May 1, 2002, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. After review of your complaints and all enclosed documentation, I agree with the grievance officer and Superintendent Gillis's findings. Mr. Voeckler's response was self-explanatory. The mail you wanted sent exceeded the \$10.00 limit. It was your request to the counselor that was used to determine which pieces of mail were sent.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:kk

cc: Superintendent Gillis
Grievance Office
Central File

DC-135A

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INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Capt. Henry

2. DATE

11-4-97

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Kim Smith, CT 162

4. COUNSELOR'S NAME

Mr. Chaly

5. WORK ASSIGNMENT

unassigned

6. QUARTERS ASSIGNMENT

I-1-39

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Dir: The function of request dated 10-29-97 serves as a formal or informal notice to you that you were named as a defendant in Preliminary objection T.R. S. filed in U.S. Supreme court, from paper work that has your signature

That was the function of the request was it that hard to understand. Why else would I send you such.

Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Smith

Smacks of Attempted Harassment to me,

Unless you are legally bound to do so.

CC FILE

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

R. D.

DATE

11/5/97

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Vis: On 10-12-99 I got a \$20.00 Money Order went to store
 on 10-14-99 from 10-1-99 to this date I did not make
 a purchase for postage. On 10-19-99 I got a \$15.00 money
 order went to store on 10-21-99. Counselor Crider advised
 me \$4.62 was taken from me for postage which I'm
 sure I did not send out from 10-12-99 to 10-21-99 also
 this is postage charge for \$4.62 in Sept which was
 paid. Could you please look into this issue and
 check my signature along with the C.O. for the month
 of Sept and Oct, I'm left handed, and see whom is
 signing my name to cash slip for postage etc.
 Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Request forwarded to inmate
 Accounts for any APPROPRIATE ACTION

CL ~~UNITARY~~
 INMATE ACCT'S

Questions regarding (your) accounts need
 to be forwarded to the Inmate account office

STAFF MEMBER

TO DC-14 CAR AND DC-15 IRS

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Capt. Blum

2. DATE

10-25-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

James Smith CTE 162

4. COUNSELOR'S NAME

C. D. D.

5. WORK ASSIGNMENT

K. L. L.

6. QUARTERS ASSIGNMENT

F-B-29

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: Could you the cash slip that I was to put in a green folder Oct 14, 1999 and Oct 21, 1999. I've been at the first time this has happened to me since July 1995. I've been a number of times that I've asked that I didn't get it right then though I complained no action was taken. Would you please inform me of my action you might be regarding this matter. I still want to know that I did. That request postage at all this month.

Thank you

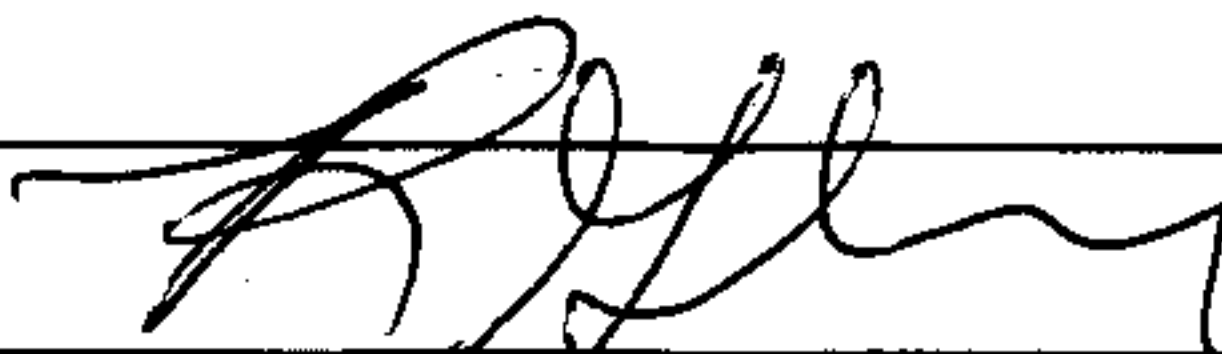
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Request Forwarded to your unit staff for any appropriate action.

CI Out MGR HANNA
FILP

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER



DATE

10/26/99

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Mr. M. [redacted] [redacted]

2. Date:

7-27-01

3. By: (Print Inmate Name and Number)

[redacted]

John Smith

Inmate Signature

4. Counselor's Name

Mr. Moser

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

U/A

7. Housing Assignment

[redacted]

8. Subject: State your request completely but briefly. Give details.

Hi: I was advised to contact you on the issue of
allowance. June 2, 2001, 45 days from April 18, 2001 per
policy should have been given allowance starting
July 2, 2001 not July 17, 2001 as being stated.
Mr. Doehner Employment told us to contact you.
Would you please check your records.

Thank You

My records indicate that you were released
from [redacted] on 6/12/01 and were eligible
for allowance on 7/12/01 if this is not
correct, have your Counselor Contact me
with the correct date.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

8/2/01

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		IN 1:52	
19 BUSINESS		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Business Office</u>		2. Date: <u>6-10-01</u>	
3. By: (Print Inmate Name and Number) <u>Kim Smith CT 2162</u> <u>Kim Smith</u> Inmate Signature		4. Counselor's Name <u>Mr. Moses</u>	
		5. Unit Manager's Name <u>Mr. Smith</u>	
6. Work Assignment <u>W/X</u>		7. Housing Assignment <u>D-2-54</u>	
8. Subject: State your request completely but briefly. Give details. <u>Could you please provide me with a copy of policy</u> <u>that prohibits inmates released from RAC is not en-</u> <u>titled to idol 60 days, as this is what I'm being told</u>			
9. Response: (This Section for Staff Response Only)			
You will have to write to Mr. McCloskey in the Inmate Employment Office.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name William Voekler, Bus.Mgr.
Print

William Voekler Date 6/11/01
Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr. Moser</i>		2. Date: <i>6-10-01</i>	
3. By: (Print Inmate Name and Number) <i>Kim Smith CT 2162</i> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>Mr. Dunn</i>	
		5. Unit Manager's Name <i>Mr. Smith</i>	
6. Work Assignment <i>W/A</i>		7. Housing Assignment <i>D-2-54</i>	
8. Subject: State your request completely but briefly. Give details. <i>Could you please provide me with a copy of D.O.C. Policy that states I'm not entitled to idle pay for 60 days after being released from R.H.U. As this is what I'm being told.</i> <i>Thank you</i>			
9. Response: (This Section for Staff Response Only)			
<i>Mr. Smith</i> <i>I would encourage you to write Inmate Employment to Address your concerns since that Dept. handles Idle Pay.</i> <i>Moser</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
Print Sign

107

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

SECURITY SERVICES

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Mr Johnson

2. Date:

5-6-01

Ex B

3. By: (Print Inmate Name and Number)

Kim Smith 512162

4. Counselor's Name

Mr. Dunn

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

U/A

7. Housing Assignment

RAU-A-107

8. Subject: State your request completely but briefly. Give details.

Spec: I have addressed this to them U/M, or Counselor and they have failed to reply or address this since 3-1-01 even after filing a grievance # 205 they still have failed to reply to requests or verify this issue. I have contacted both Smith and Dunn and am dissatisfied with their attention.

Enclosed you will find Cable Contract see up above section request also to business to have cable cut off and the request form. I would like to have my pay 2001 cable cut off. According to cable contract a former has not required. Please inform Mrs Kerstetter

Thank You
Could you please tell me who to appeal my grievance to at Camp Hill
Could you please tell me who Mr Smith and Mr Dunn have

9. Response: (This Section for Staff Response Only)

In conversation with your Unit Counselor he informs me that he gave you direction on what you had to do to cancel your cable. Ms Kerstetter has also responded on Three Separate occasions. The unit team is not responsible for doing this for you.

your inmate Handbook should have policy DC Adm 801 which lists where appeals are to be forwarded

My name is MAJOR VARANO and I supervise all UNIT MANAGERS, I have responded in Deputies Absence

To DC-14 CAR only ☐ cc: Mr. Smith

RHU Lt.

To DC-14 CAR and DC-15 IRS ☐ Ms. Kerstetter

DSFM File

Staff Member Name

D.A. VARANO

Print

D.A. Varano

Sign

MAJOR

Date

5-10-01

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

107

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Business Office

2. Date:

4-27-01

3. By: (Print Inmate Name and Number)

Kim Smith 079164

4. Counselor's Name

Mrs. Brown

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

u/a

7. Housing Assignment

RRA-H-106

8. Subject: State your request completely but briefly. Give details.

On 4-25-01 I informed Mr. Smith I wished to have cable
for 5-1-01 cut off. I do not wish to have to pay for cable
in May 2001.

Thank You

9. Response: (This Section for Staff Response Only)

Ms. Smith,

You need to put through a form
cancelling your cable.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

1. *[Signature]*
Sign

Date

4-30-01

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Business Office</i>		2. Date: <i>5-01-01</i>	
3. By: (Print Inmate Name and Number) <i>Kim Smith CT 2162</i> <i>Kim Smith</i> Inmate Signature 107		4. Counselor's Name <i>Mr. Dixon</i>	
6. Work Assignment <i>U/A</i>		5. Unit Manager's Name <i>Mr. Smith</i>	
7. Housing Assignment <i>PHU-A-106</i>			
8. Subject: State your request completely but briefly. Give details. <i>Why? On cash account Deduction authorization in the second section</i> <i>This authorization shall remain in effect until the business office receives my written request slip giving notice that I am cancelling only the premium on the entire cable service. At no time has cable contract required it fill out a form to have cable cut off.</i> <i>I did send request to have cable cut off on D-A-02 on 4-19-2001 to your office and Mr. Smith</i> <i>Please advise if I must still fill out form and when cable will be cut off.</i> <i>Thank You</i>			
9. Response: (This Section for Staff Response Only) <i>Mr. Smith,</i> <i>I do not have a ^{cable} form requesting that your cable be disconnected.</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Mrs. Kessler
Sign

Date

5-4-01

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr Johnson</i>		2. Date: <i>5-2-01</i>	
3. By: (Print Inmate Name and Number) <i>Kim Smith CTA162</i> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>Mr Dunn</i>	
		5. Unit Manager's Name <i>Mr Smith</i>	
6. Work Assignment <i>N/A</i>		7. Housing Assignment <i>RHA-A-107</i>	
8. Subject: State your request completely but briefly. Give details. <i>Hi on 4-18-20-22nd 27 I wrote Business office, Mr Dunn, Mr Smith per cable contract inmate must send request slip, requesting cable be cut off. I did for may 2001 and on 4-26-01 was still charged \$93.00 for cable, for May 2001 then told I must fill out a form. At no time did cable contract state I must send a form, only that I send request which I did and I was still charged. Would you please see why I'm being charged for may cable when I request it to be cut off to the business office</i> <i>Thank You</i>			
9. Response: (This Section for Staff Response Only)			
<i>Mr. Smith,</i> <i>I do not have a form from you requesting your cable be disconnected!</i> <i>Please submit a cancel form.</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Mrs. Kerstetter

Sign

Date

5-3-01

Form DC-135A

SCF 001 1001001

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

107

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Dr. McBlanchin

2. Date:

5-18-01

3. By: (Print Inmate Name and Number)

Kim Smith CT2162

4. Counselor's Name

Mr. D. Wynn

Kim Smith

Inmate Signature

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

W/A

7. Housing Assignment

PHU-A-107

8. Subject: State your request completely but briefly. Give details.

Sub: I'm requesting to be re-evaluated regarding my heart problem and job placement in kitchen as Cook & Prep prep etc. Since with this condition I worked in kitchen at SCI Glenside years. Request to remove this upcoming 30 day check. Please advise employment.

9. Response: (This Section for Staff Response Only)

Mr. Smith,

Please sign for sick call.

Still has not been addressed signed up for sick call.

Need a drug test as I feel I'm being given the wrong medications at times, ~~Mr. D. Wynn~~ Mr. R. Waligorey

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Judy Rodichok

Print

Judy Rodichok

Sign

Date 5-18-01

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: Would you please advise Mr. Lucas, Kayak and any of the other educational staff that they are in error in their determination of my educational programming under CT2162. I did have programs that they claim under RJ2649 some 10 years ago, but not on this list, and I will not be given consideration for parole based for what I did in the past. I would like to get into key board, computer Business Math, Accounting and the Advanced RC/R/Year which these classes I have not had under the CT2162 if you don't want me in educational programming just say it instead of passing the buck, and making determination based on old institutional numbers. Also why do my request not get replied to.

CC: 5-26-00

6-5-00

Thank you

Dear Mr. Smith,

We educate the person, not the number. Have a good day.

Paul Kozel

To expect us to accommodate you for solely parole consideration based on a number change is ludicrous, Mr. Smith.

Y. Fuen

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE